

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/562233

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
14		2				
15	1					
16		1				
17		1				
18		1				
19		1				
20	1					
21	1					
22	1					
23		1				
24	1					
25		1				
26			1			
27				1		
28				1		
29				1		
30				1		
31				1		
32			1			
33				1		
34				1		
35				1		
36			1			
37				1		
38				1		
39			1			
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49			1			
50				1		
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	19	←		←		←
TOTAL CLAIMS	26					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60			1			
61				2		
62			1			
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						